INSTANCES OF SOME OF THE RARER VARIETIES OF MORBID GROWTHS, SWELLINGS, &c.

CONNECTED WITH THE ORGANS CONTAINED WITHIN THE ABDOMINAL CAVITY.

I SUPPOSE that it will generally be conceded that, excepting certain cases of disease of the nervous structures, no affections are wont to cause such perplexity, in the matter of diagnosis, to the pathologist and the practitioner, as do ailments connected with organs situated within the belly. This was never so vividly realised by myself as it was in connection with a case of abdominal tumour which, some years ago, fell under my care, in conjunction with another medical man. The case was that of a lady who for some time had had a swelling at the right side of the abdomen; it was apparently somewhat oblong in shape, rather firm and consistent in character, and situated about five inches to the right of the umbilicus. She was in good general health, and did not appear to suffer from the presence of the tumour, excepting that it was slightly tender on pressure. From the history of the case it appeared at first sight most likely that the tumour was caused by an accumulation of fæcal matter in the bowel. As, however, nothing that could be suggested, including the frequent use of suitable enemata by means of the long O'Beirne's tube, seemed in any way to dislodge or move the mass, it was determined that the late Sir Benjamin Brodie should be consulted. Accordingly, after hearing all about the case and the treatment, he stated his belief that the best treatment would be found to consist in the persistent use of Brandish's solution of potash, judging from his experience of one or two cases of a somewhat similar nature which had come under his own notice. Accordingly this treatment was diligently adopted, and in the

course of time the tumour was reported to have entirely, but of course slowly, disappeared; no one having, I believe, come to any definite conclusion as to its exact nature.

The occurrence of this case made me especially observant of any abdominal growths or deposits which, during the time that I held the curatorship of the Pathological Museum, I had to examine post-mortem; and of such cases as presented themselves in my own hospital-practice. The consequence has been that I have, from time to time, culled from our hospital records, and from practice among the out- and the in-patients, a considerable number of such cases as illustrate difficult points of diagnosis in this class of affections, or present features of interest as regards morbid anatomy determined by post-mortem research. From these the cases which I now adduce form a selection. For the present I postpone several most interesting cases which have come under my own care within the last year among the hospital in-patients. These I hope to record at another opportunity, in conjunction with the histories of further cases from our hospital records; including especially a selection of tumours, cysts, morbid growths, &c. of the kidneys; also colloïd growths of the various abdominal organs; and cases of obstruction of the bowels, exclusive of herniæ; probably, also, cases of *hydatids* so called. Of course I do not propose to quote cases of ordinary cancer of the abdominal organs, of enlargements of the liver, ordinary forms of abdominal aneurysm, ovarian dropsy, psoas abscess, enlarged glands, fibrous tumours of the uterus, and the like, unless any special or difficult points in their diagnosis, or peculiarity as to microscopical character, &c., shall have presented themselves.

It will be observed that I have classed together my cases in the following order: I. Affections of the peritoneum, stomach, intestines, liver, pancreas, and lymphatic glands; II. Affections of the uterus and urinary bladder; and III. Affections of the bones, arteries, &c.

CASE I.—*Large tumour formed by thickening and tucking-up of the omentum, which was occupied by scrofulous deposit.*

Frances K., æt. 47, was admitted August 17th, 1843, and died Dec. 11th. No history of the case was obtainable.

Post-mortem examination.—The whole of the subperitoneal areolar tissue (visceral and parietal) was thickly studded with miliary tubercles. The large omentum was very much thickened by a similar deposit, and being tucked up, *formed a large tumour* situated to the right of the umbilicus, on a level with it. This tumour was united by recently effused fibrin to the anterior wall of the abdomen; and the various coils of intestine were similarly united. No ulcerations of intestine existed. Here and there was a small quantity of serum between folds of intestine, which had not been united, forming a *species of encysted dropsy.*

The left lung at its apex contained numbers of miliary tubercles and a vomica. Right lung and heart healthy. [54.]

Case II.—*Distension by serum of the* smaller *omental cavity, which was converted into a shut sac by closure of the foramen of Winslow. Peculiar deposit beneath the peritoneum.*

John I., æt. 39, was admitted March 24th, 1841, and died August 26th. No history exists.

Post-mortem examination.—The peritoneum of the whole of the intestine, liver, and other organs, and also that lining the abdominal walls, was covered by a thick layer of fibrin, which could be scraped off; also beneath the peritoneum of the bowels and parietes a quantity of black material was deposited. The upper cavity of the omentum had been converted into a shut sac by a false membrane which blocked up the foramen of Winslow; and the cavity of this sac contained a quantity of straw-coloured serum. The liver, spleen, and kidneys were much diseased.

The left ventricle of the heart was much thickened; and much disease of the mitral valve and œdema of the legs, with fluid in the pleural and pericardial sacs, existed. [147.]

Case III.—*Large mass occupying the centre of the abdomen, formed by hydatid cysts connected with the omenta. Cavity, lined by fibrin, and containing purulent fluid, formed by breaking down of these cysts. Purulent dêposits in the liver; pus in the portal vein.*

Josiah S., æt. 38, was admitted Jan. 30, 1850. For many years he had not been quite well, and also had been getting large in the abdomen; but on the whole enjoyed fair health, until one week before admission, when he experienced severe pain in the region of the liver, epigastrium, and right shoulder. He had several times had rigors. When admitted, the skin was brownish yellow, and the abdomen was very large and hard, with rounded nodulated tumours, to be felt through the parietes, almost over its whole surface. Extensive dulness, continuous with that of the liver, extended very high into the chest, and passed across the umbilicus to the left iliac region, but nowhere could any edge be discovered; and though there was much softness, no positive fluctuation could be detected. There was some resonance in the left hypochondriac and iliac regions. The urine was

very dark and very albuminous. The conjunctiva yellow. Purgatives were freely given, and ether to alleviate a spasmodic kind of pain of which he complained; the alvine evacuations were very pale. Though in some respects he improved, the abdomen became larger. The albumen and bile diminished in the urine, but œdema of the legs came on, and then diarrhœa. He lost strength and flesh; and pain in the lower part of the abdomen was great. He finally became delirious before death, which occurred Feb. 2d.

Post-mortem examination.—The lungs were somewhat congested; the right one being much pushed up by the liver, which reached as high as the third intercostal space.

The great omentum was at its lower part adherent to the anterior wall of the abdomen. In the areolar tissue, between the layers of peritoneum, forming the lesser and greater omentum, were numerous cysts containing hydatids, which formed an enormous mass, occupying the whole of the central part of the abdominal cavity, and much displacing the viscera; the small intestines occupying chiefly the left iliac fossa. Behind the umbilicus, in the anterior and lower portion of the mass of cysts, was situated a large irregular cavity of sufficient capacity to contain a child's head. This cavity was apparently formed by the coalescing of several cysts, the interposed partitions having been destroyed. It was lined by a thick layer of false membrane, which gave great consistency to its walls, and it contained a thin yellowish purulent and very offensive fluid, in which floated many hydatids, apparently long dead. The remainder of the mass consisted of cysts containing hydatids, some ruptured and collapsed, others in various stages of development. The containing cyst-walls were in places almost of fibro-cartilaginous character. Isolated cysts also existed; as, for example, in the transverse meso-colon, beneath the peritoneum of the sigmoïd flexure of the colon, between the rectum and bladder, between the peritoneum and the fascia transversalis near the umbilicus.

The liver contained several small purulent deposits, slightly tinged with bile, and the *branches of the portal vein* also contained pus. Kidneys congested. Other organs natural. [35.]

CASE IV.—*Large sac, formed of fibrinous material and filled with fluid; situated in front of the intestines.*

Jane L., æt. 29, admitted May 8, 1850, with ascites and diseased liver. At first the swelling, as she said, had appeared to begin on the *left* side, where pain existed; and for some time she thought she had been pregnant. When admitted, the abdomen was enormously distended, and no resonance existed at its upper part, but it could be traced on either side towards the spine. Tapping had to be resorted to several times.

Post-mortem examination.—The cavity of the peritoneum was found lined by a tolerably thick layer of firmly organised lymph, which passed in front of the intestines and formed a sac, filled with yellow serum. Numerous slender bands of recent lymph were stretched across

the sac. All the abdominal organs were matted together, and bound down to the back of the cavity by old adhesions. [131.]

CASE V.—*Cysts filled with serum, formed by fibrinous laminæ intersecting the general peritoneal cavity, the results of peritonitis. Large cyst of the right ovary; smaller ones of the left ovary.*

Mary T., æt. 34, the mother of eight children, was admitted Oct. 19, 1853, with a swelling of the abdomen, which she said had been attended with most pain on the right side. The catamenia had been regular; she had had no illness. The abdomen was very generally and uniformly distended, and fluctuation was manifest; the resonance of the bowels always occupying the most prominent parts of the abdomen when she changed her position. There was no evidence of disease of the heart or kidneys. Under the use of diuretics and purgatives the abdomen was reduced almost to the natural size; and she left the hospital, but continued as an out-patient. On the 19th of October she became again an in-patient, having a very large abdomen, and suffering from pains therein, and from vomiting, with constipation The resonance of the bowels was only to be heard very high up. Still there was no anasarca, and the urine was free from albumen though scanty. Paracentesis abdominis was performed, and much clear limpid fluid withdrawn. She went on pretty well for some days, until thirst and vomiting came on, and symptoms of some degree of peritonitis. She became low and depressed, and, in spite of certain favourable changes, sank, and died December 2d.

Post-mortem examination.—There was some œdema of the lungs behind, but the various thoracic organs were natural. The abdomen contained a large quantity of straw-coloured fluid, enclosed in spaces formed by fibrinous laminæ intersecting the peritoneal cavity; so that, in making a puncture into one of these, the fluid escaped from that space alone. The parietal peritoneum was lined by a thick layer of vascular false membrane. The intestines were contracted, and accumulated into a very small space in front of the spine. The kidneys were healthy; the liver small, with an opaque capsule. A large cyst, of the size of a fœtal head, was connected with the right ovary, and occupying the pelvic cavity: this was filled with dark gelatinous fluid and soft vascular solid masses. Several small cysts were also connected with the other ovary. [251.]

CASE VI.—*Peritonitis. Peculiar fetid grumous fluid, of uncertain origin, in the deep cavity of the peritoneum.*

Mary H., æt. 45, was admitted July 18, 1858, in a dying state, and suffering from great tenderness over the whole of the abdomen and sickness of three days' standing. The bowels had been confined, but had operated three days previously. No hernia could be ascertained to exist. She died in great suffering a few hours after admission.

Post-mortem examination.—The heart was very flabby, and a small quantity of atheroma existed on the anterior flap of the mitral valve. The other thoracic organs were natural.

The various coils of small intestine and the abdominal viscera were adherent to each other by recent adhesions, and the cavity itself (where not obliterated by other adhesions) was filled with a fetid grumous fluid much resembling the contents of the small intestine; and, as the adhesions in various parts of the cavity were broken down, this fluid oozed out from circumscribed cavities in the peritoneum, giving, at first sight, the impression that the intestine was perforated. This, was, however, not the case, as the internal surface of the intestine, examined all the way from the stomach to the anus, was nowhere diseased, though the external surface was covered by lymph and inflamed. The subperitoneal areolar tissue was occupied by a peculiar deposit, of a strongly fetid odour, and of a grumous character, the origin and nature of which was uncertain.

The stomach and other abdominal and pelvic organs were quite healthy. [197.]

CASE VII.—*Enormous soft encephaloïd tumour, weighing* 30 *lbs., connected with the great omentum. A few nodules of the same connected with the mesentery. Other organs natural.*

John B., æt. 42, was admitted November 22, 1865, having had "a swelling of the stomach" six weeks. It appeared that he noticed it first in the region of the ilio-cæcal valve; and that it was not attended by vomiting, but was accompanied by some pain; the bowels having been regular. On admission, a large, soft, quaggy, ill-defined, smooth, superficial tumour, free from pain or tenderness, existed at the lower part of the abdomen. The urine was natural; the bowels were opened (the evacuations appearing as if they had been long retained), and the tumour seemed smaller afterwards; but they were sluggish, requiring strong purgatives. The belly became more swelled and tense, but the general health did not suffer. No fluctuation was found, but the whole anterior of the abdomen was dull on percussion (not otherwise, on change of position), the flanks being resonant. The distension became much increased by flatulence. On the 25th of January vomiting for the first time set in, and continued until death. He now began to lose flesh and to become unhealthy-looking; the bowels only acted by enemata. He sank, and died January 28th.

Post-mortem examination.—The thoracic organs were natural. The abdominal walls were adherent to a large mass beneath. After the adhesions had been removed, an enormous tumour of soft encephaloïd carcinoma was found occupying the whole front of the belly, extending from the diaphragm to the pubes. This was connected with the great omentum, and could be turned out of the cavity so as to display the viscera behind. The mass was divided into lobules, so that it had a very close resemblance (in appearance as well as con-

sistency) to the surface of the brain. It weighed 30 lbs. A few small nodules, varying in size up to that of a walnut, of similar material, were met with in the mesentery, and attached, in some parts by pedicles, to various folds of peritoneum.

The other organs were natural. [32.]

CASE VIII.—*Quantity of a peculiar material, resembling degenerated fibrinous deposit, situated beneath the peritoneum, lining a large portion of the abdomen.*

Emma F., æt. 35, an intemperate woman, was admitted January 25, 1866. She had rheumatic fever fourteen months before, and since hat she had been low and weak. She had been for two weeks suffering from sickness and dyspepsia, when, during the catamenial period, she was attacked with cold and was seized with pain in the region of the uterus; and, on admission, had much pain in the lower part of the abdomen, and was constantly retching. There was much distension and some tenderness of the abdomen generally. The urine was not albuminous. Her symptoms were at first relieved by calomel and opium, and turpentine fomentations. Later on, she had symptoms resembling those of incipient delirium tremens. At the right side of the navel some kind of substance was felt within the abdomen, which was painful on pressure. Diarrhœa became very great, and her aspect became jaundiced. She constantly had pains above the pubes; the tongue was furred and the pulse weak; the pupils were very small; and she gradually sank and died.

Post-mortem examination.—The lungs were found loaded with frothy fluid. The heart was natural. On examining the abdomen, a large quantity of what resembled decolorised fibrin was found lying behind the peritoneum, extending from the diaphragm to the brim of the pelvis, lying in front of both kidneys and around the duodenum, and also to a certain extent penetrating into the mesentery and being in close relation with every part of the colon. It was abundant about the pancreas and supra-renal capsules, and closely surrounded the large vessels of the liver and spleen. Here and there, in the immediate neighbourhood of this deposit, were small circumscribed pustules below the peritoneum; one, of small size, lay just under the mucous membrane of the large bowel. In some places the above-described material was white, like mortar; in others, of a reddish or brownish colour. *Microscopically* examined, it had all the characters of degenerated fibrin, and contained no pus or blood-corpuscules. No source of this deposit could be discovered; no aneurysm nor disease of the bones of the back or pelvis existed, and no traces of peritonitis. The liver was soft, and of a somewhat orange tinge; the kidneys were natural. [46.]

CASE IX.—*Small hard encephaloïd masses sprinkled over large tracts of the peritoneum only; the same connected with the pleural surface of the diaphragm.*

Rose P., æt. 55, was admitted March 23, 1863. She had observed

an enlargement in the lower part of the abdomen for three months, which had gradually spread over the whole body, creating only slight pain, but much uneasiness and occasional vomiting. On admission, the abdomen was distended with flatus, and a large mass—without, however, any distinct edges, and which appeared to belong to the *whole abdominal* cavity — was found. *No fluid* could be detected; and pressure only occasioned pain down the right side. The urine was high-coloured, not albuminous; the evacuations from the bowels were natural. In spite of treatment, she got thinner and more pain came on; vomiting and tenseness of the abdomen followed, and she sank, and died April 12th.

Post-mortem examination.—The peritoneal cavity contained a large amount of clear serous fluid. Scattered upon the peritoneum, in *every part*, were numerous white firm deposits, as large as a pea or mustard-seed, resembling hard encephaloïd carcinoma. These small bodies were chiefly abundant in the great omentum, and the folds of peritoneum about the uterus were much thickened by similar, but softer, deposit. The liver was contracted and adherent to the diaphragm by adhesions, and on the upper or pleural surface of the diaphragm were several large deposits of the same kind as that attached to the peritoneum. A very small growth also was found under the capsule of one kidney; but none of the viscera contained any.

Microscopically examined, the deposits were found to consist of small cells, mostly without nuclei; some with a single one. [96.]

Case X.—*Pulsating tumour in the epigastrium formed by scirrhus of the pylorus of the stomach; scirrhus also of other parts; scrofulous deposit, and vomicæ in the lungs; epileptic attacks.*

Elizabeth D., æt. 46, was admitted February 13, 1847, with symptoms of disease of the stomach, having pain there after eating, pyrosis and frequent vomiting, chiefly after food, but at other times also. For two months she had perceived a tumour at the epigastric region, which on her admission was of about the size of a walnut. It was then quite circumscribed, painful on pressure, and situated a little above and to the *right* of the umbilicus. It pulsated as if from transmitted impulse. Shortly after admission the patient had an epileptic attack, followed by raving delirium. Then other convulsive attacks subsequently occurred, during which the *pupils were contracted* to the size of a pin's head, and again became dilated when the fit ceased. She became weaker, and died February 18th.

Post-mortem examination.—The tumour of the abdomen was found to be the pyloric end of the stomach, contracted and surrounded by scirrhous deposit, which internally was ulcerated; the omentum adjoining contained similar deposit. Similar scirrhous tubercles also existed beneath the peritoneum, covering the liver, spleen, and one kidney. In the substance of one kidney was also a small tumour of the same nature.

The lungs were somewhat emphysematous, congested, and a slight amount of scrofulous deposit and a vomica were found in one lung.

The brain contained much serum, and was rather softened. [51.]

CASE XI.—*Peculiar thickening of the walls of the abdomen owing to fibrinous exudation beneath the mucous and serous surfaces; placenta-like mass formed by similar deposit in the great omentum. Peritonitis; phthisis.*

Robert B., æt. 35, was admitted February 21, 1855. He said that he had lived freely, and that about five months before admission he became subject to griping pains in the umbilical region, with tenderness over the part. His appetite failed, and he had a feeling of weight after eating. There was no swelling about the abdomen, and no vomiting of food, but often violent retching. The tongue was coated; bowels costive. He said he had had but little sleep for three weeks. Under the use of aperients, with hydrocyanic acid and soda, the vomiting was to some degree stayed; but it became worse, attended by more pain in the abdomen; and he had blood-stained muco-purulent expectoration. He got low and weak and desponding. The expectoration, which became profuse, somewhat ceased under the use of acetate of lead and opium. In spite of stimulants, &c. he sank, and died March 31st.

Post-mortem examination.—I found the right pleural cavity full of yellow fluid, and the pleura puckered and thickened. Both lungs contained miliary scrofulous deposits, and much carbonaceous matter on their surfaces; the latter was quite prominent in places, mapping out the lobules. The heart was natural. On examining the abdomen much yellow fluid existed in the general peritoneal cavity, and the intestines were of a very dark purple (almost black) colour, the various convolutions being adherent to each other by soft fibrin, and looking like the coils of a speckled snake; their surfaces were roughened, and in places had quite a reticulated character, owing to effused fibrin upon them. The great omentum was contracted and drawn up, and reduced to a small placenta-like hard mass. The peritoneum everywhere was much thickened, and especially about the mesentery and the stomach, which was reduced much in size, and very much thickened universally by a fibrinous exudation deposited to a slight degree under the peritoneal, and to a greater degree under the mucous, surface, which was in places roughened, the various folds being almost obliterated. In places the peritoneal surface was studded with white deposits. The lymphatic glands were indurated and enlarged. [99.]

CASE XII.—*Tumour in the abdomen, close to the brim of the pelvis, formed by scirrhus of the pylorus of the stomach, which was enormously dilated.*

Sibylla R., æt. 33, was admitted Nov. 7, 1866. She had been gradually losing flesh for nine months, and the catamenia had been

absent seventeen months. She had become worse three months before admission, and suffered from severe sickness and slight and scanty action of the bowels. On admission she had constant vomiting. A large hard tumour could be felt very prominently, close to the brim of the pelvis, on the right side, and almost in the pelvic fossa. An apparent obstruction was found on introducing the long O'Beirne's tube into the rectum, which could not be overcome. Afterwards a small amount of fæcal matter was passed. Stimulants were given, and the bimeconate of morphia injected subcutaneously with great relief. She grew weaker and thinner, and died November 18.

Post-mortem examination.—It was found that the tumour felt during life was the displaced pyloric extremity of the stomach, which was so contracted as scarcely to admit a goose-quill, and surrounded by a mass of scirrhus to the extent of an inch. The stomach was enormously dilated. The large intestines were contracted in one or two places, but no carcinoma of their valves existed. The other abdominal organs were natural. The lungs were very œdematous; heart healthy. [311.]

CASE XIII.—*Tumour formed by a mass of extravasated blood, situated beneath the peritoneum, and hanging by a pedicle from the transverse colon.*

Harriet B., æt. 25, was admitted June 11, 1858, with evident disease of the brain. Delirium, strabismus, and other symptoms set in, and she died June 17.

Post-mortem examination.— Softening of the central part of the brain, and effusion of serum on the surface and in the ventricles of the brain, were found; also psoas abscess, connected with caries of the bodies of the fifth to the ninth dorsal vertebræ. The intestines were tympanitic, and hanging from the transverse colon, about midway between its attached border and the omentum, was a mass of extravasated blood, covered by the peritoneum, and attached to the intestine by a narrow pedicle. [166.]

CASE XIV.—*Swelling of the right iliac region in connection with cancerous disease of the cæcum, in which was an ulcerating cavity, having the stomach and several portions of the small intestine communicating with it.*

James P., æt. 31, was admitted December 6, 1865, having had diarrhœa, attended by pain and swelling in the right iliac region for four months. On admission, there was a hard diffused swelling in the right iliac region, very painful on pressure; but the skin over it was not red or painful: the bowels were quite regular. After admission, the pain greatly abated, and the tumour subsided, and the patient improved much in health. About the end of January, the swelling and pain returned, and pus was gradually approaching the surface, when suddenly there was an *evacuation of purulent fluid by the rectum*, and the tumour somewhat subsided. He now rapidly emaciated, and his face assumed a cachectic appearance. The right leg became œdematous,

and its superficial veins enlarged. Early in April he had an attack of lung-congestion, and he sank, and died April 15th.

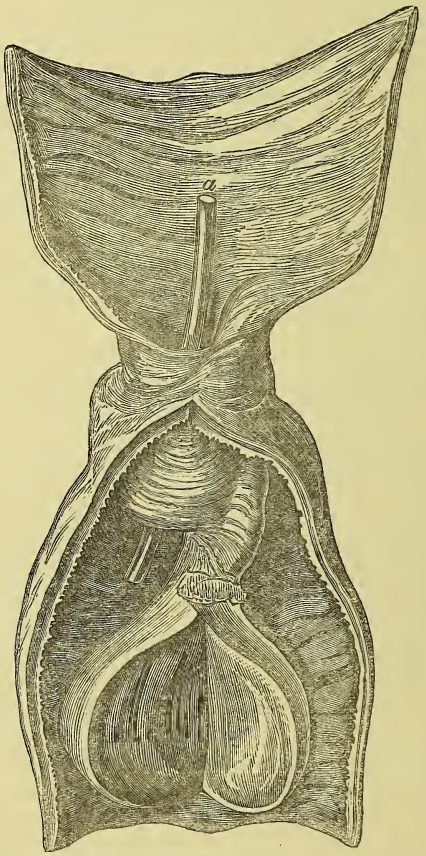
Post-mortem examination. — A very large ulcerating cavity was found within the abdominal cavity, surrounded by a mass of intestines adherent to each other and to the abdominal walls. This ulcerating cavity was evidently of a carcinomatous character, and formed chiefly at the expense of the cæcum, and into it opened laterally the small intestine and other parts of the large bowel. The stomach, which was adherent to the mass, also communicated with it at its pyloric end. The liver contained carcinomatous deposits. The lumbar glands were not enlarged. Adhesions and fluid were found in the pleural sacs, in addition to collapse of one lung. The heart was small, and the mitral value slightly thickened. [112.]

CASE XV. — *So-called polypus, or pedunculated fibrous tumour growing from the inner surface of the small intestine, causing invagination of the bowels, and death.*

Thomas G., æt. 46, was admitted August 13, 1845. He had been ill since Easter with pain in the abdomen, attended at first by violent constipation of eight days' duration. Since then almost constant diarrhœa had existed. For a few days before admission the pain had been unusually severe, and rigors had existed. There was loss of sleep and much emaciation. He had been actively treated by leeches, blisters, &c. On admission, the abdomen was tympanitic and painful on pressure, chiefly at lower part, and there was a catching respiration, apparently from pain. There was some expectoration, but nothing wrong about the chest was indicated by the stethoscope. The diarrhœa for a time gave way under the use of chalk and opium, and occasional doses of castor-oil. On the 25th he was suddenly taken with excessive and more extended pain, and with rigors, vomiting, and dyspnœa. In spite of remedies, the pain continued, and the tongue became dry and brown. He sank, and died August 30th.

Post-mortem examination. — Extensive indications of serous inflammation and lymph and fluid of a fæcal odour in the peritoneal sac were found, and in the left lumbar region, on removing certain adhesions, an invagination of the small intestine was found to have occurred, the bowel above the invagination being very much dilated, and below it slightly contracted. In the immediate neighbourhood of the invagination the coats of the intestine were very soft, and gave way to a small extent when slightly pulled upon, thus allowing of the escape of a portion of the contents of the gut. On laying open the portion of gut below the invagination, a large pendulous growth was found in the cavity of the gut, and connected by a broad pedicle to the extremity of the invaginated portion of intestine. The body of the polypus, of a pyriform shape (see woodcut, p. 356), was about $2\frac{3}{4}$ in. long, and at its broadest part about $1\frac{1}{2}$ in. in width; its pedicle about the size of the middle finger, $1\frac{1}{2}$ in. long.

The surface of the polypus was quite smooth, and covered by mucous membrane; it was of a dark colour, and quite firm and fibrous when cut into, and plentifully supplied with blood-vessels. The peritoneal surfaces of the invaginated portion of gut had become firmly united



Woodcut showing the intestine laid open, and displaying the fibrous tumour attached to its inner surface. The bougie (*a*) passes through the invaginated part of the bowel.

to each other. This portion of gut was of a dark livid colour, and the intestine immediately above the invagination presented on its mucous surface a broad ulceration occupying two-thirds of the diameter of the gut. The portion of intestine which was the seat of the polypus was about two feet from the cæcum. The other parts of the intestine presented nothing unusual; neither did the liver and spleen. The kidneys were not examined.

The thoracic organs presented nothing worthy of note.

The preparation of the invaginated intestine, with the polypus, is described in our Pathological Catalogue. (See Series ix. No. 177.)* [207.]

CASE XVI.—*Tumour above the brim of the pelvis on the left side, the result of suppuration outside the peritoneum following ulceration of the sigmoïd flexure of the colon. Phthisis; disease of the kidneys.*

Michael M'D., æt. 50, was admitted December 21, 1866. He had had inflammation of the testicle and gonorrhœa two years before admission, and some scrofulous abscesses connected with the left side of the chest. For twelve days before admission he had had pain in the left groin, and for two days he had great pain in emptying the bladder. There had been no vomiting or constipation. A hard mass was found lying above the left brim of the pelvis, apparently connected with the bowel, which was slightly diminished by evacuation of the bowels, but no pus existed in the motions. The swelling increased (in spite of iodine lotion), and extended towards the right side of the body, and became very tender. Afterwards the pulse became very weak, much weakness was complained of, and rigors. The urine contained albumen and pus, and from the first was passed with pain. Vomiting came on and profuse sweating, and deficient breathing with moist sounds was found in the left lung. It appeared as if he was suffering from pyæmia. He became weaker and less conscious, the motions were passed involuntarily, and he sank, and died December 27th.

Post-mortem examination.—A scrofulous abscess was found connected with the first rib and its cartilage on the right side. Both lungs contained scrofulous deposit at their apices, and traces of recent and old pleurisy existed. Among the pleuritic adhesions low down on the left, a collection of thin purulent fluid was found.

The liver was cirrhosed, and the kidneys granular, with diminished cortex. A firm cartilaginous stricture of the urethra existed, and the bladder contained purulent fluid. The tumour in the left groin, which was a collection of pus, extended in front of Poupart's ligament, along the crest of the ilium, and into the pelvis external to the peritoneum. The sigmoïd flexure of the colon was adherent to the abdominal parietes for a considerable length; and at one spot, of about the size of a shilling, the coats of the bowel had ulcerated through, and the abdominal walls formed the outer wall of the bowel. From this perforation the suppuration appeared to have arisen. The edges of the ulcer were rounded, and the mucous membrane was more destroyed than the other

* No. 178 in the same series is another preparation of a large fibrous tumour, which was removed after death from the small intestine of a patient æt. 34, who suffered from constipation and violent vomiting, and was presented by Dr. Ogier Ward. It was attached by a pedicle to the mesenteric border of the small intestine, and the border of the bowel was invaginated, but not at a part connected with the morbid growth. When first examined the tumour was of a livid colour, and plentifully supplied with blood-vessels.

coats. The small intestines were matted together in the neighbourhood. The other parts of the large bowel were natural. [355.]

Case XVII.—*Abscess between the liver and the colon, communicating with the interior of the gall-bladder (which was full of gall-stones), by several perforations through its walls. Ulceration of the duodenum and transverse colon.*

Mark P., æt. 64, was admitted November 24, 1858, in a state of great prostration following an attack of gall-stones. It seemed that he had for twenty years been subject to what were called "bilious attacks," and in 1851 had had jaundice. Eighteen days before admission he had suddenly been seized with pain in the epigastrium on the right side, which continued five days; and on admission pressure over the right hypochondriac region gave pain. The pulse was weak; the tongue red and ulcerated, as if from mercury. When he came in, he had a carbuncle at the angle of the right jaw and purulent discharge from the right ear. The carbuncle was opened. For a time he improved; but muttering delirium came on (such as, it was reported, he was wont to have during his bilious attacks), and he sank, and died December 12th.

Post-mortem examination.—The contents of the thorax and cranium were natural. On opening the abdomen, all the viscera were found matted together. The gall-bladder was full of gall-stones, and numerous perforations of the bladder had taken place. Communicating with these perforations was an abscess, lying between the liver and the hepatic flexure of the colon; the contained pus being very yellow owing to admixture of bile. The common bile-duct was natural and pervious. The duodenum was much thickened, and presented a deep ulcer close to its commencement at the pylorus; another similar ulcer was found at the commencement of the transverse colon; and the intestine was congested in patches at other parts. No cause was found for these ulcerations. The kidneys were healthy, excepting a large cyst in one of them.

A large pendulous tumour, having the structure of the prostate gland, projected from the upper part of that body into the neck of the bladder. [295.]

Case XVIII.—*Tumour in the hypochondriac and epigastric regions, caused by an enlarged liver, occupied by masses of a peculiar fibroïd nature.*

Sarah G., æt. 50, was admitted December 25, 1844. She had been subject to spasmodic cough for seven years, which had latterly become worse. About eight months before admission, she had constant pain at the epigastrium, accompanied by frequent nausea, occasional sickness, loss of appetite, and great thirst. She now noticed the stools to be occasionally very black and fluid, and passed at times with pain. On admission, there was a perpetual sense of sinking at the epigastrium, and gnawing pain about an hour after eating, though food, when first

taken, gave relief. A small circumscribed tumour could be felt in the right hypochondriac and epigastric regions, apparently about the pylorus of the stomach. The vomiting had become almost constant, and she still passed blood by stool. In spite of remedies, she sank, and died January 18th.

Post-mortem examination.—Indications of slight pleurisy existed; otherwise nothing was noticeable in the thorax.

On examining the abdomen, the omentum was found tucked up and adherent to the right lobe of the liver, and old adhesions united the upper and under surfaces of the liver to surrounding parts. The right side of the liver was towards its lower margin contracted, and very much puckered on its surface, with great thickening of its peritoneal coat, which presented a cartilaginous appearance. On cutting into this part, several circumscribed tumours were found, varying from the size of a nut to that of an egg, contained in distinct and thickish cysts, formed from condensed areolar tissue. The cut surfaces of the tumours were of a yellowish colour, and apparently homogeneous; their structure was elastic and firm; in some places it was of a pinkish colour, and evidently contained vessels. The liver-tissue around the smaller tumours was congested; the remainder of the liver was coarse and congested, but not otherwise diseased. The gall-bladder was thickened, and contained a largish calculus. The pyloric end of the stomach was adherent to the liver, and the first part of the duodenum was compressed and flattened by the tumours in the liver. The stomach was healthy, but the mucous membrane of the small and large bowels was very inflamed. Both kidneys were diminished in size, and mottled.

Microscopical examination.—After maceration for many years in spirit, I found that the yellow deposit consisted of amorphous and granular material, along with a slight amount of fatty and occasionally slightly fibrillated material, and a few delicate small cell-formations. Where the parts had undergone softening, much fatty material was found. The surrounding fibrous structure presented the usual elements of firm fibrous tissue. [19.]

CASE XIX.—*Tumour at the left of the ensiform cartilage, evidently containing fluid, which proved to be owing to a large collection of pus between the liver and the diaphragm; small abscesses in the liver, &c.*

Peter L., æt. 33, was admitted Nov. 1, 1852, in a state of great depression and destitution, complaining of having suffered much from shivering, which was treated as ague, and from pain all over, but chiefly on the right side. There was a small rounded tumour at the left edge of the ensiform cartilage, which bore handling well and evidently contained fluid, the seat of which was thought to be the substance of the liver. Vomiting and great depression, with increased quickness of pulse, came on: and the enlargement was opened by trocar; when above two pints of pus were evacuated, unmingled with

serous fluid, and only occasionally streaked with blood. The patient gradually sank, and died November 21st.

Post-mortem examination.—Pus and fibrinous material were found in the pericardial cavity, and fibrinous exudation in one of the pleural sacs.

The liver was firmly and extensively adherent to the diaphragm, excepting at one part, where was a large collection of pus, surrounded by shreddy walls, formed by the adhesions. The liver contained several abscesses in the neighbourhood of the adhesions. On examining them *microscopically*, I found that some of the smaller ones consisted almost entirely of fatty granular matter, as if the contained pus had undergone fatty alteration.

The preparation of part of the liver and diaphragm, showing the position of the pus contained between them exists in our Museum; see Pathological Catalogue, Series ix. No. 250. [227.]

Case XX.—*Large abscess of the liver, containing a considerable collection of biliary calculi, apparently set up by ulceration of the gall-bladder; communications between the abscess and the duodenum and bile-duct.*

The patient, William G., was attending as an out-patient with jaundiced skin, and whilst in the waiting-room, July 28th, 1852, he had a desire to empty the bowels; and when at the water-closet died quite suddenly. Nothing further of his history is known.

Post-mortem examination.—I found that the pericardial sac was dilated with clear amber-coloured fluid, and much recent fibrin in the pleural sacs, as also patches of lobular pneumonia. The heart's cavities were dilated and their walls were thickened. The root of the aorta and mitral valve-flaps were slightly thickened, and the cerebral capillaries were in a highly atheromatous state.

On examining the abdomen, the liver was found to be enlarged, the right lobe at its under surface being very softened and of a dark livid colour, and to this part the duodenum and transverse colon were adherent: and this part of the liver and the adherent duodenum formed part of the boundaries of an abscess, whose walls were very shreddy and offensive in odour, and which, besides a quantity of dark foul pus, contained a number of polygon-shaped biliary concretions, agglomerated and retained together by inspissated mucus and bile, forming a mass equal to a hen's egg. This mass had evidently been formed in the gall-bladder, which had undergone so much ulceration that no traces of it could be found. Two rounded and ulcerated openings existed between this abscess and the interior of the duodenum, which was (as before said), attached to the duodenum, and a similar opening between the abscess and the interior of the common bile-duct, the largest of them being equal to a fourpenny-piece in diameter. The inner surface of the duodenum and gall-duct were otherwise natural. The cystic duct was natural, and

could be traced into the abscess of the liver. The other parts of the liver were in a very fatty state, and the various arterial branches of the cæliac axis were very atheromatous. The kidneys were very large (weighing together 16oz.), soft and congested, having much fat about their pelves: and their surfaces were granular. Other abdominal organs were not examined.

The preparation was shown to the Pathological Society, Feb. 21, 1854 (see *Transactions*, vol. v. p. 161); and is described in our Hospital Catalogue, Series ix. No. 292. [151.]

Case XXI.—*Tumour formed by a distended gall-bladder, whose walls were the seat of carcinoma, and whose duct was obstructed by a gall-stone. Carcinoma of the liver and lymphatic glands.*

William H., æt. 38, was admitted October 25, 1865. He had been ill nine weeks, beginning with pain in the back and over the liver. Two weeks later a tumour below the right ribs was noticed, and six weeks later he became jaundiced; the motions became light-coloured, and the urine bile-tinged. On admission the tongue was furred, the skin yellow, the pulse quiet. The urine contained no albumen. In the region of the gall-bladder, close under the ribs, an oval tumour was felt, of the size of a large walnut, which was painful and tender, and altered with change of position: to a certain degree the hand could be passed under its edge, *and it was thought to be a distended gall-bladder.* The patient had a cachectic look, and the jaundice increased: the appetite failed, and "cramps" came on in the abdomen and back. The skin became dry and itching, and the evacuations were very light-coloured. He became of a deep-olive colour, and very emaciated. He gradually sank, and died, conscious to the last, January 3d.

Post-mortem examination. — Excepting slight thickening of the aortic valves, the thoracic organs were natural.

The diaphragm and other parts were closely adherent to the liver, which was deeply charged with bile. The gall-bladder contained three large stones, and of these one was impacted in the mouth of the cystic duct. The gall-bladder was greatly distended with bile, and its coats nearly uniformly thickened by a layer of carcinomatous material, taking the place, as it were, of the mucous membrane, the serous coat being unaffected. The liver also contained one or two small nodules of encephaloïd substance, and the glands of the small omentum were occupied by the same. The bile-ducts were generally very dilated.

The other organs of the body were natural. [3.]

Case XXII.—*Enlarged and indurated pancreas.*

James S., æt. 28, admitted November 3, 1841, with hypertrophy and disease of the heart and valves, and congestion of the lungs. He died December 29th.

After death, in addition to the state of the thoracic organs, the pancreas was found to be much hypertrophied. It was also much

condensed; so much so that it "cried" when cut into with the knife. [209.]*

CASE XXIII.—*Hard substance below the ensiform cartilage, which proved to be the pancreas exposed by displacement of stomach.*

James S., æt. 34, was admitted January 31, 1851, suffering from anæmia and emphysema. The urine was healthy, but he had some pain in micturition, and complained of palpitation. For the time he improved, but became affected by sickness and vomiting, though without pain; and at this period a fulness and hardness could be felt just below the ensiform cartilage. He became more exsanguine; more pain of head came on, and eventually coma, and he died February 11th.

Post-mortem examination.—Much clear fluid existed in the sub-arachnoïd tissues, and the ventricles were quite full of the same. In addition to emphysema, there was old tubercle of the lung. All the abdominal organs were very bloodless, but all were quite healthy, excepting the left kidney, which contained a few cysts. The stomach was displaced, and larger than it should be; so much so that the lesser curvature was below the pancreas, and this organ could be easily seen and felt without displacing any of the viscera. [30.]

CASE XXIV.—*Soft masses of carcinomatous* (?) *growth connected with the peritoneum, pressing on the common bile-duct; no similar growth elsewhere.*

Robert T., æt. 53, was admitted October 7, 1862, having been ill only one month. In a day or two he had become jaundiced. His abdomen had swelled, and great pain now come on in that region, along with diarrhœa. The pulse on admission was weak and skin cold. The liver extended below the ribs 1½ inches; no fluctuation was found in the abdomen. The evacuations were pale and offensive. The urine was high-coloured, but in other respects natural. He got weaker, and on the 16th became drowsy and confused in manner. The abdominal pain became acute, and much headache came on, and quickness of respiration. Complete coma came on, and he died Oct. 18th.

Post-mortem examination.—Much fluid existed in one pleural cavity, and the lower lobe of the lung on the same side was solidified. The heart was natural, except slight thickening of the aortic and mitral valves. The liver was large and congested, and full of bile, but other-

* Condensation of the pancreas may be attendant upon ulceration of the stomach. The following case illustrates this: John L., æt. 52, was admitted into our hospital October 17, 1855. He died November 15, with ulceration of the stomach, producing perforation of the walls of that organ. The ulcerated opening at the posterior part of the stomach was blocked up by an adherent pancreas, which was very hardened and thickened, and at the part of an unusually white colour. [298.]

wise natural. The gall-bladder contained a small quantity of bile. The ducts, dissected out, were found to be natural in themselves, but attached to the peritoneal covering of the pancreas were two soft rounded masses which had obviously pressed on the common bile-duct near the duodenum. These were rather larger than walnuts. *Microscopically examined*, they were found to consist entirely of globules much resembling those of pus, but more irregular in shape, and showing, after the addition of acetic acid, for the most part only one nucleus in addition to granular matter. The tumours were supposed to be carcinomatous, though nothing of the kind existed in any other part of the body. The substance of the pancreas was natural. [282.]

CASE XXV.—*Encephaloïd carcinoma of the lymphatic glands of the abdomen and mediastinum. The various viscera free, excepting the duodenum, which was at one point only slightly affected.*

Elizabeth G., æt. 18, was admitted Feb. 4, 1846, having for three or four months been losing flesh and strength; the catamenia had been absent five months. She had lost appetite and become restless, having a slight hacking cough. Latterly the legs had swelled in an evening.

On admission she had some dyspnœa and some degree of pain in the epigastrium. The chest was pretty resonant on percussion, and only slight crepitation with respiratory murmur was heard. Heart natural, but its sounds diffused more than they should be. The abdomen was somewhat tympanitic, but nothing positively wrong could be felt. She was often sick, but not particularly after taking food. Bowels confined; skin hot and dry; urine free from albumen. In spite of counter-irritation to abdomen and of tonics, profuse perspiration came on and diarrhœa, and by degrees she became much jaundiced. Slight cough existed, but no expectoration. A dull pain continued in the abdomen, but no fresh symptoms arose. She became weaker, and died April 10th.

Post-mortem examination.—Thorax. The lungs were partially hepatised posteriorly. Heart healthy. A chain of enlarged glands, infiltrated with encephaloïd carcinoma, existed in the posterior mediastinum, and lying on the large vessels of the part.

Abdomen. All the various viscera were natural. The peritoneal cavity contained a small quantity of dark-coloured serum. *Behind the peritoneum*, and surrounding and pressing upon the greater part of the abdominal aorta and upon the vena cava, was a large mass of encephaloïd cancer. The pancreas was lying on this mass, but was *not* affected by it. The large branches of the portal vein and the ductus choledochus were imbedded in the mass. The duodenum surrounded two-thirds of the tumour, upon which it was partly lying; but it was not involved, *except in one* small portion, where there was a slight projection into the cavity of the bowel, which was, however, still covered by healthy mucous membrane. The rest of the intestines and the vessels were natural. [84.]

CASE XXVI.—*Large fibro-cystic tumour connected with the right side of the uterus, thought to be ovarian dropsy.*

Mary G., æt. 45, was admitted February 21, 1844, with anasarca of the legs and fluctuating distension of the abdomen. She said the disease began with a solid tumour in the left iliac region. The abdominal swelling, which from its situation and fluctuation was thought to be ovarian dropsy, continued to increase, and tapping of the fluid had to be resorted to, when about eight quarts of a thick brownish fluid were evacuated. Afterwards a solid tumour could be felt low down in the abdomen. Symptoms of low peritonitis set in, and she died April 12.

Post-mortem examination.—The lower two-thirds of the peritoneal cavity were occupied by a large tumour, which came up from the pelvis. The tumour was united by adhesions to the anterior walls of the abdomen. The upper part was composed of large membranous cysts, of a dark colour and inflamed, and containing a quantity of dark-coloured fluid. The lower part was composed of solid substance, containing an enormous number of cysts, which varied from the size of the minutest network to that of an orange. All these cysts were filled with clear serum, which contained a large amount of albumen. The connection with the uterus was by means of a pedicle two inches in breadth, and one and a half in length; it was formed by the muscular fibres of the uterus, which were traced up the sides of the tumour to some distance, and then lost. In various parts of this tumour were large growths of solid structure, not containing any cysts whatever, which looked like encephaloïd cancer; these growths were found to be of a fibrous nature. In the body of the uterus there was also a small white tense tumour, of the size of a French bean, which also outwardly resembled encephaloïd, but was in fact fibrous. None of the glands were affected. The liver, kidneys, spleen, &c., were natural. The preparation of a portion of the tumour is described in our Pathological Catalogue; see Series xiv. No. 71. [77.]

CASE XXVII.—*Sloughing cavity between the vagina and rectum, opening into the latter. Ulceration of the posterior surface of the uterus, forming the anterior boundary of the cavity. Peritonitis. Remarkable absence of physical signs.*

Elizabeth C., æt. 28, was admitted Sept. 20, 1848. She had been seen a short period before admission, and it was stated that at that time one or perhaps two tumours in the lower part of the abdomen were discovered. There was also much tenderness and pain at the part. The catamenia had been absent two months. She stated that the pain in the lower part of the abdomen had existed more or less ever since she had pain in the limbs and shivering five weeks before. On admission she was much emaciated, and said she had observed a quantity of whitish matter in her evacuations, and that she was sensible of "tumours things rolling about in the abdomen,"

&c. She had much pain, greatly increased by pressure, *but no tumour could be felt in the abdomen.* She had cough and night-sweats, but no positive evidence of tubercle in the lungs existed. No disease of the rectum or vagina could be detected on examination; but the uterus seemed soft and flabby. For a time the pain and the purulent discharge ceased, but returned with greater severity, with much vomiting. In spite of opiates and bark, &c., she sank, and died on Oct. 25th.

Post-mortem examination.—The lungs contained crude tubercles at their apices; the surrounding tissues being rather consolidated. The heart was healthy.

On opening the abdomen, general recent peritonitis was found, and all the viscera of the pelvis were surrounded by greatly thickened and condensed areolar tissues. Between the vagina and rectum was an irregular sloughing cavity communicating by a large ulcerated cavity with the lower part of the rectum. The anterior wall of this abscess was in a measure formed by the fundus of the uterus, which was in part destroyed by ulceration. There was very little trace of the ovaries, the right especially being scarcely distinguishable from fibrous tissue. The mucous membrane of the bladder was inflamed; that of the rectum healthy, excepting at the point of ulceration. The vagina was healthy; os uteri prominent. Kidneys rather small, coarse, and pale, but smooth on the surface. [220.]

Case XXVIII.—*Large tumour in the abdomen, thought to be a fibrous tumour, which proved to be the uterus, pushed up by a fibrous tumour attached to its inner surface, and filling almost entirely the pelvis.*

Sarah F., æt. 38, emaciated and of a sallow complexion, was admitted July 14, 1845, having had much vaginal discharge, and clotted blood passed during menstruation, which was too frequent. For the previous four or five months she had felt a tumour at the lower part of the abdomen, which she fancied moved from side to side. Occasionally she had retention of urine. The tumour gradually increased until admission, when an oval elastic tumour could be felt occupying the vagina, and very nearly filling the pelvis. An oval tumour could also be felt above the pelvis; *and above this again, upon the right side, and rather below the umbilicus, was another irregular tumour.* This was supposed to be a second fibrous tumour projecting from the peritoneal surface of the uterus. The vaginal tumour was ligatured. Ulceration of the walls of the vagina and neck of the bladder supervened, and the patient died July 29th.

Post-mortem examination.—The fibrous tumour of the uterus was found quite to spring from the fundus of the cavity by a thick pedicle, and the diseased mass filled the pelvis. The tumour recognised within the abdomen during life, reaching almost as high as the umbilicus, turned out to be *the uterus*, which was pushed up by the diseased mass above described. The peritoneum was healthy; the surface of the fibrous tumour was in a sloughy state, and the vagina and neck of the bladder much ulcerated. The rectum was

misplaced, but healthy. The tumour is described in our Pathological Catalogue, Series xiv. No. 48. [188.]

CASE XXIX.—*Tumour in the pelvis, formed by blood extravasated between the layers of the broad ligament of the uterus. Peritonitis; perforation of the ileum, and cicatrix at another place. Peculiar symptoms.*

Bridget T. was admitted Feb. 4, 1852, suffering from a recent attack of what appeared to be local peritonitis, and with an anæmic aspect. The catamenia were regular, but habitually scanty. In three weeks she left the hospital, as being considered well; and as her health appeared reëstablished, she had married, but had not become pregnant. She, however, always suffered from constipation. On Oct. 24th she was suddenly seized with pain in the abdomen during the night. On the next day she had a costive motion, and then no other for a week, when she was greatly relieved by aperient medicine. She then had no alvine evacuation for a fortnight, and *stercoraceous vomiting came on* on the morning of admission, in spite of purgatives, the use of leeches, &c. The tongue was tolerably clean, the pulse 180, the abdomen full and firm; and every now and then large coils of intestine could be distinctly felt rolling about under the hand, accompanied by paroxysms of pain. As calomel and enemata did no good, opium was given at regular intervals, with the effect of relieving the distressing symptoms; and at length the *obstruction gradually gave way*, and a large amount of yeasty stone-coloured fæces passed. She appeared to recover rapidly; so much so as to leave the hospital again, Dec. 8th. On the 24th she again returned, as she was less well, and also suffering from constipation, having had much abdominal pain, which was now severe and constant. The pulse was feeble and rapid, and the abdomen tense and full. After a very restless and painful night, she was quite collapsed the next day, and died in the afternoon.

Post-mortem examination.—The peritoneal cavity was found to contain much recent lymph and turbid fluid, mixed with fæces and fetid gas. Perforation of the ileum about one foot from the cæcum was detected. The aperture was thin and uneven, and the mucous membrane around not inflamed, but stained of a dark colour. Halfway between this perforation and the ileo-cæcal valve the intestine was constricted and presented an evident cicatrix; and this part adhered to another part of intestine. The stomach and kidneys were natural. Occupying the right side of the pelvis, and rising into the iliac fossa, was a large globular tumour of a dark purple colour and of the size of an orange, which proved to be a thick cyst filled with coagulated blood, which was laminated indistinctly and situated between the layers of the broad ligament, being also closely adherent to the Fallopian tube and ovary, which were separable from it, the former of them terminating in a mass of fibrous material. Both ovaries contained small cysts. [249.]

CASE XXX.—*Ovarian tumours on both sides of the abdomen; peritonitis masking their presence.*

Emma H., æt. 26, was admitted November 23d, 1854. Three months previously she had suffered much from pain in the loins and abdomen, attended by diarrhœa. The abdomen had begun to swell one month before admission. She was a married woman; her last child having been born twenty-two months previously, and all that time she had been suckling it. On admission the pulse was quick and jerky, the tongue dirty; the abdomen was fluctuating and distended; the urine contained much of the lithates, and a slight amount of albumen. She was treated under the supposition that she suffered from peritonitis,—slight ptyalism being produced,—and morphia was given, as she had restless nights. She afterwards had a relapse, and after that the abdomen was tapped. A quantity of reddish fluid, mixed with masses of fibrin, was drawn off. Diarrhœa and pain followed, checked by opium and chalk. The abdomen again filling, she was again tapped, with much relief; but she became weaker, sank, and died February 1st.

Post-mortem examination.—Excepting that the pleural sac contained much reddish fluid, the lungs being compressed and the general cavities encroached upon by the abdominal contents, the thoracic organs were natural.

Abdomen. The parietal and visceral peritoneum was thickened and opaque and vascular, and the cavity contained about two quarts of straw-coloured fluid. The greater parts of the abdominal and pelvic cavities were filled with a large ovarian tumour, which originated apparently in the left ovary, displacing much the intestines. It was also connected with the left broad ligament and Fallopian tube by a broad neck, and its surface was indented, as if it had been composed of several cysts. On section, it was found to consist at its circumference chiefly of a whitish opaque substance, which was in some parts tolerably firm and laminated, like the white fibrinous clots of the heart; in other parts it was more diffluent. The central part was more solid and rather vascular, but evidently consisted of a lowly-organised fibrinous product. Another tumour, of a similar character, consisting of a single cyst filled with a moderately firm whitish laminated fibrinous mass, was found also in the place of the right ovary. The uterus was healthy and very little displaced. The abdominal viscera were healthy. [34.]

CASE XXXI.—*Fluctuating tumour of the abdomen, which proved to be a distended and inflamed urinary bladder, the emptying of which was apparently prevented by pressure of a retroverted pregnant uterus on the urethra.*

Elizabeth S., æt. 45, was admitted May 10th, 1848, complaining of much pain in the abdomen, which was greatly distended, and of a rounded tumour, which was easily to be felt, with a very defined

border, just above the pubes, rather to the right of the median line. This gave very decided evidence of fluctuation, and a sensation as of having very thin walls. It appeared to interfere much with respiration. Behind the tumour, the bowels lay distended with solid matter and gas. She was unable either to evacuate the rectum or the bladder. The legs were œdematous, tongue furred, pulse feeble and frequent. The patient stated that she had had a miscarriage twelve months before, since which the catamenia had never returned; but she had enjoyed good health until three or four weeks before admission, when she was suddenly seized (April 16th) with cramp and violent pain in the abdomen, and perceived a swelling in the right side on the same evening, which had continued to increase. She said she had passed neither urine nor stool for four days.

When admitted, much dark-coloured alkaline offensive urine was drawn off, and poppy fomentations applied to the abdomen. The tumour remained, and the bowels could only be relieved by medicines, and that with difficulty. At first the patient was better, but pain and weakness increased, and, owing to excessive tenderness of parts, no satisfactory examination of the vagina could be made. The pulse became more frequent and weak, and the tongue brown and dry, and sordes formed. The œdema of the legs was removed, and the fluctuation of the abdomen also, leaving *a solid tumour* to be felt over the pubes. The urine contained albumen and a deposit like altered blood-corpuscles. She lived entirely on wine, brandy, and eggs; on the 24th she had a miscarriage of a fœtus a few weeks old, and the next morning fifty ounces of urine were drawn off, the usual quantity not exceeding from fifteen to twenty. She sank, and died May 25th.

Post-mortem examination.—The omentum and intestines and bladder were adherent to each other, and offensive pus existed between them. The bladder was greatly dilated (capable of holding two or three quarts), and reached as high as the umbilicus, being adherent to the anterior walls of the abdomen by effused fibrin, which easily gave way. Its mucous membrane was in a sloughy state, and lined by effused lymph. The urethra was in a still more sloughy state, and also the surrounding tissue, so that it was impossible to distinguish the natural passage. The uterus was four or five times larger than natural, and had the appearance of one which had lately parted with its contents. The fundus pressed back on the rectum, so that the lower part might have pressed on the urethra. The vagina contained a few ulcers. The rectum was healthy. The kidneys were mottled and inflamed, and their pelves dilated. [107.]

CASE XXXII.—*Tumour formed by a soft carcinomatous growth of the kidney, simulating ascites by its apparent fluctuation during life.*

The patient, a child æt. 3 years, was an out-patient at the hospital, and was thought to be labouring under ascites. She was taken ill at her own house, and died. The early history of the case is unknown.

Post-mortem examination.—Thorax. Carcinomatous disease of the lungs was found.

Abdomen. The liver and other abdominal viscera were healthy, excepting one kidney, which was occupied by carcinoma. This growth consisted of large masses, which had evidently originated in the concave portion of the kidney, and had grown inwards, the convex end of the organ projecting separately from the outer side of the mass, whilst its upper and lower parts were continued a little distance into the upper and lower parts of the tumour, the remaining portion of the surface of the tumour being covered by the fibrous capsule of the organ. The apparent fluctuation noticed during life was altogether dependent on the carcinomatous tumour of the kidney. All parts, examined *microscopically*, were found to consist exclusively of circular granular nuclei, exactly similar to the nuclei of the ductless glands. The preparation is described in our Pathological Catalogue, Series xi. No. 38.

Case XXXIII.—*Tumour in the left iliac (?) region; excessive distension of the urinary bladder, which became ulcerated and perforated; peritonitis; unsuspected pregnancy after an interval of nine years from the birth of the previous child.*

Martha M., æt. 45, was admitted March 19th, 1854. She was a married woman, whose last child had been born nine years previously, and who had not suspected herself to be pregnant. She stated that she had been ailing since Christmas, and had latterly had a tumour in the left iliac region, which was thought to be the cause of her illness. On the 25th of February she was suddenly seized with pain in the abdomen, and for the three following days is said to have passed no urine. *It then began to dribble* away; and from that time she had never been able to retain the urine, and had not been free from pain. It appeared that no catheter had been passed until the day before admission, when her medical man had been changed. For some time before admission, the legs and abdomen had swelled. The bowels had been constipated, and she had had great thirst.

On admission the pulse was quick and small, the tongue coated, the legs rather swollen, the abdomen tense and tympanitic, and somewhat tender, being hard and firm at its lower part, fluctuation being indistinct at its pendent parts. The urine, when drawn off, was bloody and ammoniacal, and contained altered pus. In spite of treatment she sank, and died March 24th.

On post-mortem examination I found the following appearances:

Thorax. Firm adhesions existed in both pleural sacs. Lungs emphysematous and congested and friable in their lower parts; and in the substance of the right one some blood was extravasated. The lining of the bronchial tubes was very vascular and covered with bloody mucus. The heart was natural.

Abdomen. There was much fat in the integuments and beneath the muscles. The peritoneal sac contained dark-coloured fluid and

shreds of recent fibrin. The great omentum was thickened and adherent, along with one or two folds of small intestine, to the left part of the upper surface of the bladder, which reached as high as the umbilicus, and was distended. On removing the adherent omentum and intestine, a small aperture in the walls of the bladder became apparent, as also some recent pus among the adhesions; and through this aperture came a quantity of dark-coloured urinous fluid. The bladder was found to be enormously distended with fetid dark fluid. Its walls were thickened, and its lining surface presented in many parts rounded ulcerations, by one of which penetration of its walls was only obviated (as before said) by adhesions externally. The neck of the bladder was very vascular, and presented one or two abrasions or ulcerations. The entire pelvis was filled with a fluctuating tumour, which proved to be a pregnant uterus; the fœtus being about four months old, and apparently healthy. The distended membranes projected through the os uteri.

Cranium. The arachnoïd cavity contained a quantity of recent yellow fibrin; but otherwise all the contents were natural. [86.]

Case XXXIV.—*Abscess in the walls of the abdomen in connection with a piece of bone which had been swallowed and which perforated the intestine.*

A. B. was admitted May 19th, 1855. She was a charwoman, who had been living badly, but who did not appear unhealthy; the tongue was irritable and the appetite bad; and she applied to the hospital owing to an abscess in the abdominal walls about one inch below the umbilicus in the median line. Of its history she could give no account, except that she had observed a lump at the affected part for three weeks, which had been increasing and getting painful for two weeks. She said she had had two fits of shivering, one six days and the other two days, before admission. On admission the skin covering the tumour was red, but no fluctuation was apparent. There was no impulse at the part on coughing, and it was not resonant. Leeches were applied; and in a few days an abscess formed, which was opened and much foul pus let out. The fetid discharge continued until the 30th, when, after sleep, at night she was suddenly seized with faintness and a sensation of cold. In spite of stimulants she became pulseless and cold, but was still sensible enough to indicate that she had no pain in the abdomen. She very quickly sank and died.

Post-mortem examination.—We found the lungs and heart healthy; the right cavities of the latter being distended with fluid blood.

The abscess described above was of about the size of the palm of the hand, and found to exist between the structures of the abdominal walls. Shreds of sloughing areolar tissue were found along with the fetid pus of the abscess, which had opened through the abdominal wall behind by an irregularly-shaped sloughy orifice of about the size of the end of the index finger; but this orifice did not

communicate with the abdominal cavity as far as could be observed; for the great omentum was adherent to its margins and the surrounding parts to some extent. The central part of the transverse colon was also adherent to the abdominal wall at the same part; the bands of adhesion connecting the colon to the abdomen were, however, firmer in texture and evidently of older date than those connecting the great omentum to the same part. In the cavity of the abscess was found an acicular piece of bone, smooth on its surface, pointed at both extremities, and of a yellowish-white colour. (I took it to Mr. Quekett, who determined that it was part of the rib of a rabbit.) The colon was found to be quite healthy. The general peritonæum was somewhat vascular; but the abdominal organs were natural. [157.]

CASE XXXV.—*Abscess below the ribs, displacing the kidney, in connection with encephaloïd carcinoma of the vertebræ.*

Mary A. W., æt. 39, was admitted in January 1863. Since November she had suffered from pain in the loins and left thigh, and from debility and loss of appetite. When admitted there was lateral curvature of the spine, and at the edge of and beneath the lower ribs on the left side a hard immovable tumour, two or three inches in diameter, was found; and lower down was also a soft and movable mass. The urine was free from albumen. She was treated with iodine of potash, and an opium plaster was applied to the affected parts. She went out of the hospital, but was subsequently re-admitted (March 11th), the tumour having increased, with a very cachectic appearance. Large quantities of blood became passed by the bowel, and she died March 25th.

Post-mortem examination.—Thorax. Slight miliary scrofulous deposits were found in the left lung. The heart was natural.

Abdomen. There was encephaloïd carcinoma of the liver and ovary. The left kidney was found lifted up along with the pancreas by a collection of fetid matter, having the bodies of the vertebræ which were infiltrated by encephaloïd carcinomatous material, for its posterior boundary.* The kidneys contained "blocks" of fibrin in their substance. Cysts in the ovary were found to contain numerous hairs. [80.]

CASE XXXVI.—*Abscess connected with disease of the vertebræ opening into the bladder; abscess of the kidney.*

Agnes W., æt. 40, a very fat woman, and rather yellow about the eyes, was admitted Dec. 22, 1865. It appeared that, excepting bronchitis, she had had no illness up to four months before admission, when the legs began to swell. For two months she had complained of

* A patient has recently died (September) under my care at the Hospital with abscess *behind* the right kidney, pushing forward this organ during life. The kidney was almost entirely replaced by a large mass of fatty growth, which also extended down the ureter to the bladder in a remarkable way.

pain in the back, chiefly on the right side, accompanied by occasional vomiting, and it was thought then that she had abscess of the kidney. One month after this the dropsy diminished. Before admission she had shivering and feverishness, and had had a blister applied; and when admitted the pulse was 130 and feeble, and there was slight anasarca of the legs and ascites. The urine was like that from an irritated bladder, but contained no albumen. About two weeks after admission she had shivering, followed by sickness, but no pain. On Jan. 4th she suddenly passed about half a pint of pus from the bladder, which had not the appearance of having been long detained therein. Later on, the arms began to swell, but still no pain existed, excepting slight scalding on micturition. If any tender spot did exist, it was impossible to detect it, as she was so stout. The motions eventually passed involuntarily, and she became less sensible. She lost strength quickly, and no further change occurred until she died, January 12th.

Post-mortem examination.—Emphysema of the lung and dilatation of the heart were found. The liver was very greatly cirrhosed, and all its fibrous tissue much increased. Behind the left kidney was a large abscess, which contained a considerable quantity of pus. This was traced down to the left side of the *bladder, into which it opened* by two or three small rounded apertures. This abscess proved to be connected with a small rough patch of diseased bone on the body of the second lumbar vertebra. There was a small circumscribed abscess in the right kidney, and both kidneys were vascular, having injected pelves. The bladder was vascular, containing pus. [14.]

CASE XXXVII.—*Abscess of the groin connected with disease of the pubic arch; opening of pelvic abscess into the cavity of the uterus.*

Maria C., æt. 15, was admitted August 16, 1865. For six months she had suffered from pain and difficulty in passing the urine; and for some time she had had pain in the back. Six weeks before admission a swelling had formed in the left groin, and when she came into the hospital a fluctuating abscess was found in this part; after a time this burst over the crest of the left ilium, and much pus was evacuated. A purulent discharge also took place from the vagina, and continued to do so. She sank, and died February 16, 1866.

Post-mortem examination.—It was found that the abscess in the left side of the abdomen had originated in a carious state of the upper part of the left pubic arch, very near the symphysis, which was itself natural. The pubic arch on the right side, *at exactly the corresponding part* of the bone, was also similarly affected by caries, but to a very slight extent. The pus, in connection with the abscess, had burrowed all round the left hip-joint and upper part of the thigh. Parts of the ilium and of the lumbar vertebræ were rather rough, and, as it were, eroded; and pus was found to have ascended upwards along the left psoas muscle from the brim of the pelvis. Purulent fluid was also found to have passed through the pelvic tissues from the abscess, and to have

found its way *into the cavity of the uterus* by an opening through its walls half an inch above the os. The bladder and rectum were natural: liver fatty. A few scrofulous tubercles were found in the uterus. [52.]

CASE XXXVIII.—*Abscess in the abdomen in connection with disease of the pelvic bones.*

Louisa W., æt. 43, was admitted February 27, 1866, with a hard tense swelling in the lower part of the left side of the abdomen. It appeared that this had come on without any assignable cause three weeks before admission. After admission the swelling gradually softened and burst externally. The patient was then affected by cough, and she began to lose flesh; the left leg became anasarcous. No cause of the abscess in the abdomen could be discovered, and she sank, and died May 8th.

Post-mortem examination.—Much fluid was found in the pericardium, and the lungs were emphysematous.

The abscess was found to have originated in carious disease of the crest and fossa of the left iliac bone, and pus had found its way thence upwards along the left lumbar region as far as the left kidney, which it partially surrounded. The bowels were matted together, but the abscess did not open into them. The iliacus, psoas, and quadratus lumborum muscles on the left side were almost quite destroyed, and the greater part of the second lumbar vertebra was exposed; a large reddish-brown clot existed in the left femoral vein, but there was little or no thickening of the sheaths of the vessels. [139.]

CASE XXXIX.—*Rounded tumour in the abdomen, which proved to have been a calculus which had made its way out of the kidney into the intestines.*

Julia B., æt. 31, generally a delicate woman, was admitted July 1851, passing much pus in the urine; she had been ill one month, the illness beginning with pain in the abdomen and loins, and arrest of the flow of urine: she had felt rather feverish, however, for a week or two before this. On admission, the purulent urine was acid; the pulse was 96 and soft; tongue pretty clean; she had much pain in the left iliac region (of two days' standing). The hypogastrium was hard and resonant, and a rounded tumour was found in the right side of the abdomen, having no resonance when percussed. She was very thin and had much night-perspiration. Under treatment she so far recovered as to be able to leave the hospital. It appears that six weeks after she left she was suffering from diarrhœa, and felt a "bearing-down" in the bowel, and passed a calculus which was evidently not biliary, and, when examined by Dr. Bence Jones, was found to consist of uric acid and oxalate of lime. Since that time she had been fairly well, excepting being subject to attacks of "biliousness," until three weeks before she was again admitted into the hospital, when she was seized with pain in the head and limbs, followed by sickness and severe pain in the abdo-

men, especially on the right side; she then vomited much, chiefly yellow material. When admitted, February 4, 1852, the sickness was stayed; but the pulse was 130; the tongue whitish; and there was cough and expectoration. She lay chiefly on the back, with the legs somewhat drawn up; pain in the right side, chiefly below the diaphragm, being produced by coughing. There was rather more fine crepitation in the right than in the left lung behind, and the liver seemed to extend some distance below the ribs; though pain in the hypochondrium, which was hard and tender, prevented this from being clearly made out. In spite of treatment the pulse kept high, and the countenance very anxious. The urine was passed mostly with the stools, but when passed separately was found to contain pus-globules and epithelial scales, and a slight amount of albumen. The lung-symptoms were treated, and for a time she improved. Night-sweats and hectic came on, attended by severe diarrhœa, and she sank, and died February 18th.

Post-mortem examination.—Old and recent pleural adhesions existed in both sides of the chest; the lungs themselves were congested; the heart natural.

On opening the abdominal cavity, extensive adhesion was found to exist between the stomach, the transverse colon, and the under surface of the liver; which organs were also adherent to the abdominal parietes. The transverse colon was also found to be tied down with tolerable firmness; and at its flexure at the right hypochondrium it was intimately adherent to the upper and anterior part of the right kidney. The kidney at this part, to which the bowel was adherent, was greatly softened, and dilated into a pouch, with a cavity communicating with the interior of the colon. The communication would admit of about a quill, and had rather hardened and thickened margins. In the pouch of the kidney were two or three small calculi of about the size of two peas each. This kidney was generally softened and increased in size; the other kidney was natural. The lining of the colon around and below the ulcerated opening into the kidney was thickened and congested, but nothing more.

The other organs were natural. [42.]

CASE XL.—*Very large abdominal tumour in the iliac region, which proved to be owing to hæmorrhage from ulceration of the aorta.*

James G., æt. 30, an intemperate house-painter, was admitted June 1, 1859, having been ill for six months with pain in the loins and left hip, increased by stooping. There was no pain on passing water, but he complained of inability to empty the bladder. Four years before admission he had had rheumatism, but not since. For three months he had had pain in the left hypochondrium, but had been at work up to May the 24th. His complexion was sallow, and he was weak, with a cold skin and furred tongue, and loss of appetite. The pulse was 120, and very weak, and no pulse was felt in the left wrist. He had had but little sleep of late. On the day after admission, a large tumour was found, ex-

tending from the diaphragm above, to a line joining at right angles the anterior superior spine of the pelvis below, and bounded by the median line of the body on the right. It was smooth, solid, and hard to the touch, and pulsated visibly. No bruit was heard. Urine was scanty, and contained much lithic acid, but no albumen. The whole, but especially the lower part, of the tumour was tender, and the superficial veins were turgid; some observers suspected that the tumour was an enlarged spleen. The blood was found to contain an unusual amount of white corpuscles. Enemata of morphia gave great relief to pain, &c.; he took iodide of potash and bark. At 9 P.M. of the 4th of June he had been to stool; he fainted whilst getting into bed, and died in about a quarter of an hour.

Post-mortem examination.—The thoracic organs were quite healthy, excepting that the heart was flabby.

On opening the abdominal cavity, a quantity of blood escaped. The liver was healthy; the spleen was smaller than usual, and pushed upwards. A large tumour was found behind the peritonæum, occupying the entire left of the abdomen, formed by a large clot of blood, firmer in some parts than others, but not decolorised or laminated in any part. The peritonæum was tightly stretched over the mass, and it could not be found where the blood had made its way into the peritoneal cavity.

The abdominal aorta was pervious throughout, and lay on the right side of the coagulum. The anterior surfaces of the two last dorsal and two upper lumbar vertebræ were very carious, and opposite to these diseased vertebræ there was an ulcerated opening in the coats of the aorta about as large as a silver penny, around which the coats of the vessel were thickened and reddened. From the healthy state of the rest of the vessel, and from the situation of this opening, corresponding exactly to the opening of two of the lumbar arteries out of the aorta, it was conjectured that the source of the hæmorrhage was the coagulum, and the pancreas and descending colon adherent to the implication in the disease of the spine of one of these small vessels at its juncture with the aorta. The left kidney was embedded in clot. The kidneys were healthy.

The fibro-cartilaginous discs between the diseased vertebræ were natural.* [130.]

* The ulcerated aorta is described in our Museum Catalogue as No. 1, subs. 13, series xi.; and the diseased vertebræ as No. 2, subs. 8c, series viii.

JOHN W. OGLE, M.D.

(*To be continued.*)

Professor John Hughes Bennett
with the writers compliments.

A Series of Cases of Acute Dysentery. By W. Lindesay Richardson, M.D., L R C.S.E., one of the Honorary Physicians to the Ballarat District Hospital.

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However excellent European ideas may be, and however fashionable it may be to give "new doctors" credit for most knowledge, it must be admitted that the diseases peculiar to Australia, are not to be learned anywhere else. The profession is aware that there are essential points of difference in disease produced by climatic influence; and to the mastery of these differences there is no royal road, no sure path but experience. Familiarity with disease leads to the shortest method of restoring health, that "consummation so devoutly wished" by the sick, and that sure foundation of success to the practitioner.

But in the history of medicine, there ever has been an antagonism between theory and practice, between empiricism and rationalism; old formularies and traditionary creeds of the action of remedies have been debated, and doubted, and dissent exists in medicine as in theology. Hence we see almost as a rule, that as experience matures judgment, dependence on medication is diminished, and is transferred to other means of assisting nature, such as repose, the removal of all exciting causes, regimen, fresh air, support, &c. I am so pleased with an article, in a late number of the *Quarterly Journal of Science*, that I cannot better support my own views than by a quotation. "A striving after simplicity is the order of the day, the sufficiency of the natural process of recovery, when aided by a few appropriate remedies, is more widely recognized," &c.

In a paper which appeared last year in this journal, I expressed myself that the great fact to be observed in the treatment of Acute Dysentery is, that "the tendency of this disease is to recovery." That this is not the only acute disease of which this can be said, all true observers know; and this truth has been stated by various writers. It has been seized upon moreover by the disciples of

Hahnemann, and acted upon, and demonstrated beyond doubt, but with this difference, that the restoration of the normal condition is by them attributed to doses imperceptible to the senses, or to the analyst; and the powers of the creator are impiously ascribed to the creature. It cannot however be re-iterated too often, for even now prescriptions ordering scruple doses of calomel are heard of, and the word anti-phlogistic still means bloodletting, purging, and antimony, followed by mercury, and blisters, leading to a shattered constitution, and protracted recovery. But, it may be remarked, that the treatment adopted in the early cases presented in the synopsis, was heroic enough. To this I must reply, that the conversion has been gradual, and that the avowal of the truth is not always agreeable. It will be observed that the age of the youngest is three years, and it may be wondered that with such an amount of infantile disease as presents every season, I have not recorded cases of dysentery as occuring among infants, especially when the general features are so similar in the frequent discharge of blood and mucus, with tenesmus. I grant a general resemblance, and I admit that the term dysentery is applied by many to this affection of children at the breast. I have had opportunities of examining the intestines of several infants, who died with the symptoms of dysentery: in all, the small intestines were affected for a greater or less distance from the junction of the colon, with increased vascularity of the membrane, tumefaction, and frequently softening. I do not possess notes of these examinations. They were made some years ago when the affection was new to me, but their ages varied from nine months to two and a-half years. I have then been led to the opinion that true colitis does not exist much before three years, and that the ailment attacking before this, and simulating colitis, is, strictly speaking, a complication of euteritis and colitis, with more or less gastritis: rather a formidable string of names, but not more formidable on paper than in reality.

It is a satisfactory result, that no fatal case has occurred among sixty-three cases. They followed in succession—none are omitted; they extended over seven years' practice, and among 7,800 cases of all kinds requiring treatment. All were undoubted examples of colitis, many most severe, and all diarrhœas were carefully omitted. I cannot therefore call attention to the frequency of this disease; on the contrary, it is much less so than diphtheria. The popular opinion that any looseness of the bowels is dysentery, has led in a great measure to this error in the estimate of its frequency, and may have had some influence, we cannot say how much or how little, in keeping back from our really salubrious climate, the tide of emigration which politicians are bidding for, and which is at once a cause and an effect of prosperity. We may then consider that our first proposition is demonstrated—*Dysentery is not a dangerous disease, its natural termination if properly assisted, being recovery.*

Thirteen cases occurred in the month of March, and one in June; but the data are too limited for any inference on this point. Forty-eight patients were males, and fifteen females, which warrants a

second proposition, thus: *Men are more liable to be attacked by Dysentery than women.*

I heard Professor Christison say many years ago, at the bedside: "Gentlemen, the physician's difficulty is to make out the disease, when that is discovered there is no doubt as to the treatment." How far time has modified the views of that learned toxicologist we cannot say, but his words may yet possess an amount of truth they did not when uttered.

It will be seen that I have in four cases administered Homœopathic remedies, Globules of Mercurius Corrosivus and Acidum Nitricum, were given for some days without any sensible effect. The propriety of this proceeding may be called in question, but it must be remembered that we are constantly urged to a trial, and the results of this mode of treatment have been so eulogised, that I considered it perfectly justifiable.

In the 13th edition of the *Homœopathic Domestic Medicine*, by Joseph Laurie, M D, &c., &c. page 212, it is said: "Mercurius Corrosivus may be considered to be the most important of all the Homœopathic remedies in Dysentery, but especially when the subjoined symptoms are present, it may generally be considered specific to the case; in the red dysentery or bloody flux, when we find *severe straining*, with evacuations merely of a little mucus, sometimes succeeded by or accompanied with the protrusion of a portion of the intestine and increased discharge of pure blood," &c.

The tenesmus continued so distressing that I did not feel at liberty to continue treatment which gave *no* relief; I therefore resorted to suppositories of domestic soap and opium, with the usual happy effect. Every precaution was adopted, the treatment was undertaken in good faith, and three of the four did not know what was being administered.

I have long abandoned the use of enemata of all kinds; I found the irritation produced in my own case so distressing, and believed that their action was so local, that they presented no advantage over suppositories, which will be found to answer all that can be said in their favour. I generally direct one to be introduced after every motion, and regulate the strength to the age.

A reference to the synopsis will show that the latter half have all been treated by Sulphuric Acid and Tincture of Opium, occasional suppositories when tenesmus existed, repose, and alcohol from the first Whatever success then may have attended a treatment by mercurials, it must be admitted, that there were no failures among *these*, and that if only the result be equal, there can be no doubt as to the safest and most agreeable plan. The mildest action of the mineral on the system is attended with unpleasantness, while idiosyncrasy of constitution may at any time exhibit severe ptyalism from small doses. The time approaches when this poison in every form will be banished from our prescriptions, not only in acute dysentery, but in all other acute and chronic diseases. Advanced minds have already done so, the routinists must follow or lose their patients.

Now about this treatment by Acid : I gave it at one time in combination with Sulphate of Magnesia, which I have long discontinued. The Homœopaths of the latest school, who treat by similars without regard to the infinitesimal doses of the founder, may point to this as an illustration of their principle. They may say, acids gripe and produce dysentery, and acids will cure the same. Be it so : a discussion on this point would be an intrusion on the space of this article, but it may commend itself to the consideration of the profession. I may say in passing, however, that the occurrence of an occasional homœopathic relationship between diseases and remedies is not denied, its universality is called into question, and its applicability in all stages of all diseases. Dr. Ridge, in his work, *Health and Disease*, p. 190, strongly advocates Nitrous Acid in this complaint, on the principle, "That it is an inflammatory disease, and it is needful to furnish fresh supplies of the acids which are every hour flying off from the system, and upsetting the balance of the law of health."

I was informed by one lady that she attributed her attack to soda cake, which always acted as a purgative, but this time had produced acute symptoms. This was not her first attack. The treatment in her case was by acid, and she stated that her recovery had on no former occasion been so rapid. Dr. Henderson in his report of the Shanghai Hospital for 1862, says : "On examining the blood of some patients suffering from dysentery and comparing it with blood from the healthy, the former gave a much more decided alkaline reaction than the latter ; the urine also exhibited an alkaline reaction in typhoid cases, thus indicating a condition of super-alkalinity in the body, or at least a deficiency of acid. This led me to adopt an acid mode of treatment, which proved decidedly beneficial and successful." I may therefore consider my third proposition established, namely, *Dysentery does not require active treatment, the administration of acids by different practitioners in various countries, has been attended with marked success in favouring recovery.*

The duty of the physician, however, is not confined to writing prescriptions ; we have in Australia ventured to dissociate the dispensing from the prescribing, and we no longer lay ourselves open to the charge of ordering medicine to make up our bills, the attendance only being charged for. Some wiseacre, during a late discussion in one of the Melbourne daily papers, wrote : "What doctor would ever think of paying a first visit, without writing the inevitable prescription ?" It is done daily nevertheless : advice about diet and simple remedies are as valuable as drugs, and in the subject of this paper, the most essential part of the treatment is *repose*—rest for the bowels. I have not yet tried the treatment of this affection without medication ; but I would infinitely prefer it to being blistered, leeched, and salivated. "Crede experto !"

The less that passes down to trouble the colon, and the less its mucous surface is harassed, the sooner will it heal, and the less will the sufferer be called on to bear. But nature, while she is not opposed, must be supported, and the best means of doing this will

be by animal broths; but these I have found to irritate, and to increase the frequency of the stools, unless thickened. Arrowroot will answer, but not so well as wheaten flour, the gluten of which, adds to the nutrient quality of the soup, gives the bowels nothing to do, and is speedily converted into chyle. But even with the strongest broths thus given, the pulse will be found to diminish in volume and in frequency day by day, and as the struggle may be a long one, look a-head. I have had recourse to alcohol early, and of the various forms I have selected the best brandy, and have given it liberally. I have never seen any ill effects from its use.

Great discretion must be exercised in the giving of tonics, until all acute symptoms have passed away. I may again say, "Crede experto." I was doing well, the stools were diminishing in frequency, and becoming natural, when to satisfy a desire for liquids, I ventured on a little Tincture of Columba in water. I was sensible of burning pain for some hours, and the stools increased in frequency; the nature of the pain convinced me that the bitter, gentle as it was, had produced a determination to the mucous membrane of the entire track, passing down and not being entirely taken up in the stomach, as the brandy appears to be. I may state my last proposition thus:—

It is essential that the whole alimentary canal be kept in as perfect a state of repose as possible, and that the system be supported from the first.

SYNOPSIS OF SIXTY-THREE CASES OF ACUTE DYSENTERY, WITH TREATMENT AND RESULTS.

NO.	AGE.	SEX.	TREATMENT.	RESULT.
24	26	M.	Hydrag. Chlor. P. Doveri	Recovered.
88	29	M.	,, ,,	,,
90	40	M.	,, ,,	,,
150	32	F.	,, c. Opio	,,
161	23	M.	,, ,,	,,
204	24	M.	Homœopathy first, then as above Emp. Lyttæ to abdomen.	,,
205	27	M.	Homœopathy first, then as above	,,
219	30	F.	Hyd. Chlor. c. Opio	,,
225	29	M.	,, ,, ,,	,,
275	34	F.	Homœopathy first, then as above	,,
693	6	M.	Hyd. Chlor. c. Opio	,,
714	38	M.	,, ,,	,,
748	64	M.	,, ,, Injections	,,
1113	28	M.	,, ,,	,,
1205	36	M.	Homœopathy first, then leeches, blister, Hydrag. Ch. c. Opio	,,
1307	27	M.	Enemata. Hyd. Chlor. c. Opio	,,
1319	8	F.	,, ,,	,,
1361	22	M.	,, ,,	,,
1575	25	F.	,, ,,	,,
1607	34	M.	,, ,, & suppositories	,,
1610	28	M.	,, ,,	,,
1765	39	M.	,, ,,	,,
1768	41	F.	,, ,,	,,
1948	26	M.	,, ,,	,,
2022	36	F.	,, ,,	,,
2650	29	M.	,, ,,	,,
2701	37	M.	,, ,,	,,
2720	26	M.	,, ,,	,,
2810	30	M.	,, ,,	,,
2990	21	M.	,, ,,	,,
3833	27	M.	,, ,,	,,
3926	42	F.	,, ,, Taken out of my hands.	Not known.
3977	31	M.	Acid. Sulph. Mag. Sulph. Tinct. Opii suppositories	Recovered.
4109	37	M.	,, ,, ,,	,,
4203	34	F.	,, ,, ,,	,,
5082	38	M.	,, ,, ,,	,,
5092	34	M.	,, ,, ,,	,,
5346	36	F.	Acid. Nitros. Bismuth, suppositories	,,
5350	32	M.	Acid. Sulph. Mag. Sulph. Tinct. Opii	,,
5598	27	M.	,, ,, ,,	,,
5645	6	M.	,, ,, ,,	,,
5697	30	M.	Acid. Sulphuric, Tinct. Opii	,,
5800	9	M.	,, ,,	,,
6034	33	F.	,, ,,	,,
6045	28	M.	,, ,,	,,
6072	26	F.	,, ,,	,,
6088	35	F.	,, ,, & suppositories	,,
6110	27	M.	,, ,, do	,,
6178	39	M.	,, ,, do	,,
6222	36	F.	,, ,, do	,,

CASES OF ACUTE DYSENTERY.—(*Continued.*)

NO.	AGE.	SEX.	TREATMENT.	RESULT.
6250	29	M.	Acid. Sulphuric., Tinct. Opii.	Recovered.
6259	34	F.	,, ,,	,,
6343	37	M.	,, ,,	,,
6622	43	M.	,, ,,	,,
7023	10	M.	,, ,,	,,
7113	38	M.	,, ,,	,,
7141	35	M.	,, ,,	,,
7184	40	M.	,, ,,	,,
7186	8	M.	,, ,,	,,
7345	30	M.	,, ,,	,,
7669	6	M.	,, ,,	,,
7711	48	M.	,, ,,	,,
7752	31	M.	,, ,,	,,